

## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/11/2016

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000225730

INSTALLATION NAME: BROOKLYN BRIDGE PEDIATRICS - EDNA PYTLAK & BRIANNE O'CON

**INSTALLATION ADDRESS:** 

35 MONROE PL

**BROOKLYN, NY 11201** 

**MAILING ADDRESS:** 

35 MONROE PL

**BROOKLYN, NY 11201** 

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2 RCRA Programs Branch** 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: BROOKLYN BRIDGE PEDIATRICS - EDNA PYTLAK & BRIANNE O'CONNER LLP

or Current Occupant

ATTN: ABENA RUSH

35 MONROE PL

**BROOKLYN, NY 11201** 

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Jad	SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM BRAI	GRAMS						
1007	1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal:  ☐ To provide an Initial Notification (first time submitting site identification information / to ob for this location)  ☐ To provide a Subsequent Notification (to update site identification information for this located As a component of a First RCRA Hazardous Waste Part A Permit Application  ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amended As a component of the Hazardous Waste Report (If marked, see sub-bullet below)  ☐ Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of a >100 kg of acute hazardous waste spill cleanup in one or more months of the report LQG regulations)	ation)  dment #)  acute hazardous waste, or						
34.	2. Site EPA ID Number	EPA ID Number NYP 000 225730							
00	3. Site Name	Name: Browleyn Bridge Perlictions (Edaz Pythal &Bro	onne Obnasa CCT						
8	4. Site Location Information	Street Address: 35 Munrot Plul City, Town, or Village: BNUMA	County: Kings						
11		State: NY Country: USA	Zip Code: (())						
(	5. Site Land Type	Private County District Federal Tribal Municipal	State						
1	6. NAICS Code(s) for the Site	A. 0 2 1 1 1   C.							
0	(at least 5-digit codes)	B D							
$e'_{\omega}$	Z. Site Mailing Address	Street or P.O. Box: 35 Munul Plus							
7		City, Town, or Village: Brookly Country: Country:	Zip Code: 11201						
Edm	8. Site Contact Person	First Name: Abenc MI: Last: Kush  Title: Receptionist Front Desi  Street or P.O. Box: 35 Monrol Plea							
0		City, Town or Village: Brullyn	10. 1						
3		State: Ny Country: USA	Zip Code: 1207						
Ja		Phone: 71x-834-5673 Ext.:							
)	9. Legal Owner and Operator	A. Name of Site's Legal Owner: Edne Anne Pytter (	Date Became 199						
	of the Site	Owner Type: Private County District Federal Tribal Municipal	State Other						
		Street or P.O. Box: 35 Munral Plus							
		City, Town, or Village:	Phone: 734-107						
		State: Country: WA	Zip Code: [1]						
		B. Name of Site's Operator: Brully Brille feelichis	Date Became Operator: 6-1-97						
		Operator Type: Private County District Federal Tribal Municipal	State Other						
, ,	EPA Form 8700-12 Nec 2/4/2 Cheny	2,8700-13 A/B, 8700-23 2016- Called & emailed 2/4/2016. A/S princolid owlnership facte a waste waste waste waste waste books revised may (A)	Page 1 of						
1	2/8/16-1	Waste Codes revesed near many the							

EPA ID Number	OMB#: 2050-0024; Expires 01/31/2017											
<ol> <li>Type of Regulated Waste Activity (at your site)</li> <li>Mark "Yes" or "No" for all current activities (as of the date submitting the</li> </ol>	e form); complete any additional boxes as instructed.											
A. Hazardous Waste Activities; Complete all parts 1-10.												
1. Generator of Hazardous Waste If "Yes," mark only one of the following – a, b, or c.  Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.  100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of	Y N S 5. Transporter of Hazardous Waste If "Yes," mark all that apply.  □ a. Transporter □ b. Transfer Facility (at your site)  Y N 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.  Y N 7. Recycler of Hazardous Waste											
b. SQG: non-acute hazardous waste.  Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.  If "Yes" above, indicate other generator activities in 2-10.  Y N Z 2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.	Y N S. Exempt Boiler and/or Industrial Furnace If "Yes," mark all that apply.  a. Small Quantity On-site Burner Exemption  b. Smelting, Melting, and Refining Furnace Exemption											
Y N A 3. United States Importer of Hazardous Waste Y N A 4. Mixed Waste (hazardous and radioactive) Generator	Y N 9. Underground Injection Control Y N 10. Receives Hazardous Waste from Off-site											
<ul> <li>B. Universal Waste Activities; Complete all parts 1-2.</li> <li>Y N N 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.</li> </ul>	C. Used Oil Activities; Complete all parts 1-4.  Y N 1. Used Oil Transporter If "Yes," mark all that apply.  a. Transporter  b. Transfer Facility (at your site)											
a. Batteries  b. Pesticides  c. Mercury containing equipment  d. Lamps  e. Other (specify)	2. Used Oil Processor and/or Re-refiner If "Yes," mark all that apply.  a. Processor  b. Re-refiner  Y N 3. Off-Specification Used Oil Burner  Y N 4. Used Oil Fuel Marketer If "Yes," mark all that apply.  a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner  b. Marketer Who First Claims the Used Oil Meets the Specifications											

ΕPΑ	ID Number	,							_					OMB#: 2	050-002	4; Expires 01/31/	2017
D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K										ıs							
★ You can ONLY Opt into Subpart K																	
	<ul> <li>you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND</li> </ul>												with				
you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state																	
Υ	Y N 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:												ies				
	a. College or University																
	Пр	. Teaching H	lospita	al that	is ow	ned by	or h	as a	form	al writ	ten affilia	ation agr	eeme	ent with a	college	or university	
	<u></u> с	. Non-profit	Institu	ite that	t is ov	vned b	y or	has a	a forr	nal wri	tten affil	iation ag	reem	ent with a	college	or university	
Υ□	N <u> 2.</u> W	/ithdrawing fro	m 40 (	CFR Pa	art 26:	2 Subp	art K	for th	he ma	anagem	ent of ha	zardous	waste	es in labora	atories		
11. De		of Hazardous															
					Hazar	dous V	Nast	es F	Pleas	e list th	e waste d	andes of t	he Fe	ederal haz	ardous w	astes handled at	 F
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.																	
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3. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.																	

EPÁ ID Nun	nber	Ш									OMB#: 2050-0024; Expires 01/31/2017
12. Notifica	tion of Haza	rdous \$	Second	dary Ma	terial (	(HSM)	Activi	ty			
Y□ N⊠	secondary  If "Yes," yo	materia	l under	40 CFR	261.2	(a)(2)	(ii), 40	CFR 26	1.4(a)(23),	(24), or (25	g, or will stop managing hazardous )? for Managing Hazardous Secondary
Material.  13. Comments											
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	recorded to the second	*****									
accorda on my ir informat penaltie	nce with a sy nquiry of the priction submitted s for submitti	stem de person o d is, to th ng false	esigned or perso ne best informa	to assuons who of my kation, in	re that manag nowled cluding	quality qualit	fied per systen nd belie oossibili	sonnel p n, or tho f, true, a ty of fine	oroperly gase persons accurate, a es and imp	ather and event of the second	pared under my direction or supervision in valuate the information submitted. Based sponsible for gathering the information, the e. I am aware that there are significant for knowing violations. For the RCRA CFR 270.10(b) and 270.11).
Signature of authorized	f legal ownerepresentati	er, opera ve	ator, or	r an	Na	ame a	ind Off	icial Titl	le (type or	print)	Date Signed (mm/dd/yyyy)
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